| F211 | | | |
|--------|--|--------------|---------------------------------------|
| | in this information to identify your case: | | |
| Deb | tor 1 Marina D Kolchinsky First Name Middle Name Last Name | | |
| Deb | tor 2 | | |
| | use if, filing) First Name Middle Name Last Name | | |
| Unit | ed States Bankruptcy Court for the: EASTERN DISTRICT OF WISCONSIN | | |
| Cas | e number 17-22823 | | |
| (if kn | | ☐ Chec | k if this is an |
| | | amer | nded filing |
| Off | icial Form 106Sum | | |
| | mmary of Your Assets and Liabilities and Certain Statistical Information | l | 12/15 |
| | mation. Fill out all of your schedules first; then complete the information on this form. If you are filing amer original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page. 1: Summarize Your Assets | Your a | · |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 510,000.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 1,057,960.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 1,567,960.00 |
| Part | 2: Summarize Your Liabilities | | |
| | | | iabilities nt you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | . \$ | 409,000.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 0.00 |
| | Your total liabilitie | es \$ | 409,000.00 |
| Part | 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 3,000.00 |
| 5. | Schedule J: Your Expenses (Official Form 106J) | · | · · · · · · · · · · · · · · · · · · · |
| | Copy your monthly expenses from line 22c of Schedule J | \$ | 2,732.00 |
| Part | 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with y | our other so | hedules. |

Yes

7. What kind of debt do you have?

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

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8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$______2,000.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following: | Total claim | |
|--|-------------|------|
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

| Fill in this inf | ormation to identify | y your case and th | is filinç | j : | | | | |
|---------------------------------|--|------------------------|-----------|--|--------------------------|--------------------|-------|---|
| Debtor 1 | Marina D Ko | olchinsky | | | | | | |
| | First Name | | Name | Last Name | | | | |
| Debtor 2 (Spouse, if filing) | First Name | Middle | Name | Last Name | | | | |
| United States | Bankruptcy Court fo | r the: EASTERN | DISTRI | CT OF WISCONSIN | | | | |
| Case number | 17-22823 | | | | | | | Check if this is an amended filing |
| | orm 106A/E | _ | | | | | | 12/15 |
| hink it fits best | . Be as complete and nore space is needed, | accurate as possibl | e. If two | only once. If an asset fits in more than one married people are filing together, both are his form. On the top of any additional pages | equally resp | onsible for su | pplyi | ng correct |
| Part 1: Descr | be Each Residence, E | Building, Land, or Ot | her Real | Estate You Own or Have an Interest In | | | | |
| . Do you own | or have any legal or e | quitable interest in a | ny resid | lence, building, land, or similar property? | | | | |
| □ No. Go to | Part 2 | | | | | | | |
| _ | re is the property? | | | | | | | |
| — 163. Wild | re is the property: | | | | | | | |
| | | | | | | | | |
| 1.1 | | | What | is the property? Check all that apply | | | | |
| | Shepard Ave. | | | Single-family home | | | | r exemptions. Put |
| Street addr | ess, if available, or other de | escription | | Duplex or multi-unit building | | | | ns on <i>Schedule D:</i> cured by <i>Property</i> . |
| | | | | Condominium or cooperative | | | | |
| | | | П | Manufactured or mobile home | | | | |
| Milwau | kee WI | 53211-0000 | _ | Land | Current va entire pro | alue of the perty? | | rrent value of the tion you own? |
| City | State | ZIP Code | | | • . | 60,000.00 | | \$260,000.00 |
| | | | | Timeshare | Describe | the nature of w | our o | wnership interest |
| | | | | Other | (such as t | ee simple, tena | | by the entireties, or |
| | | | _ | has an interest in the property? Check one | a life esta | te), if known. | | |
| NA !! | l | | | Debtor 1 only | | | | |
| Milwau | kee | | | | | | | |
| County | | | | Debtor 1 and Debtor 2 only | | k if this is com | muni | ty property |
| | | | | | , | structions) | | |
| | | | | r information you wish to add about this ite erty identification number: | m, such as l | ocal | | |

Official Form 106A/B Schedule A/B: Property page 1

Page 3 of 39

| Debtor 1 Marina D Kolchinsky Case number (if k | nown) 17-22823 |
|--|---|
| If you own or have more than one, list here: | |
| 1.2 What is the property? Check all that apply | |
| 312/5 Rehov IdeIson Single-family home Do not dedi | act secured claims or exemptions. Put |
| ramot 3 Duplex or multi-unit building the amount | of any secured claims on Schedule D: |
| Jerusalem, IS | ho Have Claims Secured by Property. |
| Street address, if available, or other description | |
| ☐ Manufactured or mobile home Current va | ue of the Current value of the |
| ☐ Land entire prop | |
| City State ZIP Code Investment property \$25 | 0,000.00 \$250,000.00 |
| ☐ Timeshare | ne nature of your ownership interest |
| | e simple, tenancy by the entireties, or |
| Who has an interest in the property? Check one a life estate ■ Debtor 1 only | e), if known. |
| | |
| County Debtor 2 only | |
| Desiri and Desiri 2 only | if this is community property |
| | tructions) |
| Other information you wish to add about this item, such as lo property identification number: | cal |
| 2. Add the deller value of the postion various and for all of vary outside from Day 4, including any outside for | |
| 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here | => \$510,000.00 |
| Part 2: Describe Your Vehicles | |
| No ☐ Yes 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes | |
| 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here | => \$0.00 |
| Part 3: Describe Your Personal and Household Items | Current value of the |
| Do you own or have any legal or equitable interest in any of the following items? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No ■ Yes. Describe | |
| | |
| furniture | \$2,000.00 |
| furniture | \$2,000.00 |

Official Form 106A/B
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Schedule A/B: Property

| Debtor 1 | Marina D Kolchinsky | Case number (if known) | 17-22823 |
|-------------------------------|---|---------------------------------------|-------------------------------|
| | dishes/cookware/flatware | | \$100.00 |
| □No | es: Televisions and radios; audio, video, stereo, and digital equipment; compincluding cell phones, cameras, media players, games Describe | puters, printers, scanners; music c | |
| | tv/laptop/cellphone/ | | \$500.00 |
| Exampl ■ No □ Yes. | bles of value es: Antiques and figurines; paintings, prints, or other artwork; books, pictures other collections, memorabilia, collectibles Describe | s, or other art objects; stamp, coin, | or baseball card collections; |
| Example No | ent for sports and hobbies es: Sports, photographic, exercise, and other hobby equipment; bicycles, po musical instruments Describe | ool tables, golf clubs, skis; canoes | and kayaks; carpentry tools; |
| ■ No | ns oles: Pistols, rifles, shotguns, ammunition, and related equipment Describe | | |
| □ No | s les: Everyday clothes, furs, leather coats, designer wear, shoes, accessorie Describe | es | |
| | clothes/shoes/accessories | | \$250.00 |
| ■ No □ Yes. 13. Non-fa Examp | y bles: Everyday jewelry, costume jewelry, engagement rings, wedding rings, h Describe rm animals bles: Dogs, cats, birds, horses Describe | heirloom jewelry, watches, gems, ç | old, silver |
| 14. Any ot □ No | her personal and household items you did not already list, including an | ny health aids you did not list | |
| _ 100. | wheel chair medicaid provided | | \$500.00 |
| | срар | | \$100.00 |
| | he dollar value of all of your entries from Part 3, including any entries fart 3. Write that number here | | \$4,450.00 |

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the

Official Form 106A/B

| Deb | tor 1 | Marina D Kol | chinsky | | Case number (if known) | 17-22823 |
|-----|-------------------------|---|--|--|---|--|
| | | | | | | portion you own? Do not deduct secured claims or exemptions. |
| | No . | ., | ave in your wallet, in your | r home, in a safe deposit box, and | on hand when you file your petition | on |
| | Exampl | | | accounts; certificates of deposit; sh unts with the same institution, list e | | ouses, and other similar |
| _ | I No I Yes | | | Institution name: | | |
| | | | 17.1. | educators credit un | ion | \$10.00 |
| _ | Exampl No | | or publicly traded stocks investment accounts with Institution or issu | brokerage firms, money market a | ccounts | |
| | | | treasury bond | ls | | \$500.00 |
| • | joint ve I No | enture | ock and interests in inco | orporated and unincorporated be | usinesses, including an interes % of ownership: | t in an LLC, partnership, and |
| | Negotia Non-ne No | able instruments i gotiable instrume | include personal checks, | egotiable and non-negotiable ins cashiers' checks, promissory note t transfer to someone by signing or | s, and money orders. | |
| | <i>Exampl</i> I No | | RA, ERISA, Keogh, 401(k | s), 403(b), thrift savings accounts, o | or other pension or profit-sharing | olans |
| |] Yes. L | ist each account | separately. Type of account: | Institution name: | | |
| | Your sh | | deposits you have made | e so that you may continue service ent, public utilities (electric, gas, wa | | ies, or others |
| |] Yes | | | Institution name or indiv | ridual: | |
| _ | _ | es (A contract for | a periodic payment of m | oney to you, either for life or for a | number of years) | |
| | No Yes | lss | uer name and description | ٦. | | |
| 2 | | | n IRA, in an account in a 29A(b), and 529(b)(1). | a qualified ABLE program, or un | nder a qualified state tuition pro | gram. |
| _ | 1 Yes | Ins | titution name and descrip | otion. Separately file the records of | any interests.11 U.S.C. § 521(c): | |
| | No | | ure interests in property | y (other than anything listed in li | ine 1), and rights or powers exe | rcisable for your benefit |

Official Form 106A/B Schedule A/B: Property page 4

| De | ebtor 1 | Marina D Kolchinsky | | Case num | ber (if known) 17- | ·22823 |
|-----|-----------------|--|---|--------------------------------|-----------------------|--|
| 26. | _Examp | , copyrights, trademarks, trade | secrets, and other intellectual p | | | |
| | ■ No □ Yes. | Give specific information about th | em | | | |
| | License | es, franchises, and other genera | | dings, liquor licenses, profe | ssional licenses | |
| | ■ No □ Yes. | Give specific information about th | em | | | |
| M | oney or p | property owed to you? | | | | Current value of the |
| | | | | | | portion you own? Do not deduct secured claims or exemptions. |
| 28. | Tax ref | unds owed to you | | | | |
| | _ | Give specific information about the | em, including whether you already | filed the returns and the tax | years | |
| 29. | □ No · | • • | y, spousal support, child support, r | naintenance, divorce settlen | nent, property settl | ement |
| | | | - | | | |
| | | | back child support | | | \$53,000.00 |
| | ■ No □ Yes. | benefits; unpaid loans you made specific information | rance payments, disability benefits ade to someone else | | | on, Social Security |
| | ■ No | res. Health, disability, of life insure | arice, riealth savings account (115A |), credit, nomeowner 3, or re | inter 3 insurance | |
| | ☐ Yes. I | Name the insurance company of e Company n | | Beneficiary: | | Surrender or refund value: |
| | If you a someon | erest in property that is due you are the beneficiary of a living trust, ne has died. Give specific information | a from someone who has died expect proceeds from a life insura | nce policy, or are currently e | entitled to receive p | property because |
| 33. | _Examp | | or not you have filed a lawsuit or tes, insurance claims, or rights to s | | ent | |
| | ■ No □ Yes. | Describe each claim | | | | |
| | Other c | ontingent and unliquidated clai | ms of every nature, including co | unterclaims of the debtor | and rights to set | off claims |
| | Yes. | Describe each claim | | | | |
| | | Р | I Claim Hupy and Abraham r | epresents | | \$1,000,000.00 |
| 35. | Any fin | ancial assets you did not alread | ly list | | | |

■ No

☐ Yes. Give specific information..

Official Form 106A/B Schedule A/B: Property

| | Marina D Kolchinsky | | Case number (if known) | 17-22823 |
|--|--|--|------------------------|------------------------|
| | d the dollar value of all of your entries from Part 4, including Part 4. Write that number here | | | \$1,053,510.00 |
| Part 5: | Describe Any Business-Related Property You Own or Have an Intere | est In. List any real esta | ate in Part 1. | |
| 37. Do yo | u own or have any legal or equitable interest in any business-relate | d property? | | |
| No. | Go to Part 6. | | | |
| ☐ Yes. | Go to line 38. | | | |
| | Describe Any Farm- and Commercial Fishing-Related Property You of you own or have an interest in farmland, list it in Part 1. | Own or Have an Intere | st In. | |
| 46. Do y | ou own or have any legal or equitable interest in any farm- | or commercial fishir | ng-related property? | |
| ■ N | lo. Go to Part 7. | | | |
| ПΥ | es. Go to line 47. | | | |
| | Describe All Property You Own or Have an Interest in That You | Did Not List Above | | |
| Part 7: | December Am Tropolly Fou Chin St Harto an interest in That Fou | | | |
| 53. Do y <i>Exal</i> ■ No | ou have other property of any kind you did not already list? mples: Season tickets, country club membership | | | |
| 53. Do y <i>Exal</i> ■ No □ Ye: | ou have other property of any kind you did not already list? mples: Season tickets, country club membership | | | \$0.00 |
| 53. Do y <i>Exal</i> ■ No □ Ye: | ou have other property of any kind you did not already list? mples: Season tickets, country club membership s. Give specific information | | | \$0.00 |
| 53. Do y Exal ■ No □ Ye: 54. Add | ou have other property of any kind you did not already list? mples: Season tickets, country club membership s. Give specific information d the dollar value of all of your entries from Part 7. Write tha | t number here | - | \$0.00 \$510,000.00 |
| 53. Do y . Exai No Ye: 54. Add Part 8: | ou have other property of any kind you did not already list? mples: Season tickets, country club membership s. Give specific information d the dollar value of all of your entries from Part 7. Write that List the Totals of Each Part of this Form | t number here | - | |
| 53. Do y Exal No ☐ Ye 54. Add Part 8: 55. Par 56. Par | ou have other property of any kind you did not already list? mples: Season tickets, country club membership s. Give specific information d the dollar value of all of your entries from Part 7. Write that List the Totals of Each Part of this Form tt 1: Total real estate, line 2 | t number here | - | |
| 53. Do y Exal No □ Ye 54. Add Part 8: 55. Par 56. Par 57. Par | ou have other property of any kind you did not already list? mples: Season tickets, country club membership s. Give specific information d the dollar value of all of your entries from Part 7. Write that List the Totals of Each Part of this Form et 1: Total real estate, line 2 tt 2: Total vehicles, line 5 | t number here \$0.00 | - | |
| 53. Do y Exal No Ye: 54. Add Part 8: 55. Par 56. Par 57. Par 58. Par | ou have other property of any kind you did not already list? mples: Season tickets, country club membership s. Give specific information d the dollar value of all of your entries from Part 7. Write that List the Totals of Each Part of this Form tt 1: Total real estate, line 2 tt 2: Total vehicles, line 5 tt 3: Total personal and household items, line 15 | t number here \$0.00 \$4,450.00 | - | |
| 53. Do y. Exal. No Ye. 54. Add Part 8: 55. Part 56. Part 57. Part 59. Part 60. Part 60. | ou have other property of any kind you did not already list? mples: Season tickets, country club membership s. Give specific information d the dollar value of all of your entries from Part 7. Write that List the Totals of Each Part of this Form tt 1: Total real estate, line 2 tt 2: Total vehicles, line 5 tt 3: Total personal and household items, line 15 tt 4: Total financial assets, line 36 tt 5: Total business-related property, line 45 tt 6: Total farm- and fishing-related property, line 52 | \$0.00 \$4,450.00 \$1,053,510.00 | - | |
| 53. Do y. Exal. No Ye. 54. Add Part 8: 55. Part 56. Part 57. Part 59. Part 60. Part 60. | ou have other property of any kind you did not already list? mples: Season tickets, country club membership s. Give specific information d the dollar value of all of your entries from Part 7. Write that List the Totals of Each Part of this Form tt 1: Total real estate, line 2 tt 2: Total vehicles, line 5 tt 3: Total personal and household items, line 15 tt 4: Total financial assets, line 36 tt 5: Total business-related property, line 45 | \$0.00 \$4,450.00 \$1,053,510.00 \$0.00 | - | |
| 53. Do y Exai No Ye 54. Add Part 8: 55. Par 56. Par 57. Par 58. Par 60. Par 61. Par | ou have other property of any kind you did not already list? mples: Season tickets, country club membership s. Give specific information d the dollar value of all of your entries from Part 7. Write that List the Totals of Each Part of this Form tt 1: Total real estate, line 2 tt 2: Total vehicles, line 5 tt 3: Total personal and household items, line 15 tt 4: Total financial assets, line 36 tt 5: Total business-related property, line 45 tt 6: Total farm- and fishing-related property, line 52 | \$0.00 \$4,450.00 \$1,053,510.00 \$0.00 | - | \$510,000.00 |

Official Form 106A/B Schedule A/B: Property page 6

| Fill in this infor | mation to identify your | case: | | |
|---------------------|--------------------------|--------------------|-------------|------------------------------------|
| Debtor 1 | Marina D Kolchin | sky | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | EASTERN DISTRICT O | F WISCONSIN | |
| Case number | 17-22823 | | | |
| (if known) | 11 22020 | | | Check if this is an amended filing |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | Identify the Property You Claim as Exempt |
|---------|---|
| | |

| 1. | Which set of exemptions are you claiming | ? Check one only, eve | n if yo | our spouse is filing with you. | |
|----|--|--------------------------------------|---------|---|------------------------------------|
| | ☐ You are claiming state and federal nonban | kruptcy exemptions. | 11 U.S | S.C. § 522(b)(3) | |
| | ■ You are claiming federal exemptions. 11 | U.S.C. § 522(b)(2) | | | |
| 2. | For any property you list on Schedule A/B | that you claim as exe | empt, | fill in the information below. | |
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption |
| | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| | furniture Line from Schedule A/B: 6.1 | \$2,000.00 | | \$2,000.00 | 11 U.S.C. § 522(d)(3) |
| | Line nom <i>Schedule A/B</i> . 0.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | washer/dryer/rerfig/stove/mwave/sm | \$1,000.00 | | \$1,000.00 | 11 U.S.C. § 522(d)(3) |
| | all appliances Line from Schedule A/B: 6.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| | dishes/cookware/flatware Line from Schedule A/B: 6.3 | \$100.00 | | \$100.00 | 11 U.S.C. § 522(d)(3) |
| | Line nom schedule AVD. 4.4 | | | 100% of fair market value, up to any applicable statutory limit | |
| | tv/laptop/cellphone/ Line from Schedule A/B: 7.1 | \$500.00 | | \$500.00 | 11 U.S.C. § 522(d)(3) |
| | Ellie Holli Genedale AVB. 711 | | | 100% of fair market value, up to any applicable statutory limit | |
| | clothes/shoes/accessories Line from Schedule A/B: 11.1 | \$250.00 | | \$250.00 | 11 U.S.C. § 522(d)(3) |
| | Line nom <i>Schedule AVD</i> . 11.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | | | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 1 of 2

| tor 1 Marina D Kolchinsky | | | Case number (if known) | 17-22823 |
|--|-------------------------------------|-----------------------------------|---|------------------------------------|
| rief description of the property and line on chedule A/B that lists this property Current value of the portion you own | | Amount of the exemption you claim | | Specific laws that allow exemption |
| | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | |
| wheel chair medicaid provided Line from Schedule A/B: 14.1 | \$500.00 | | \$500.00 | 11 U.S.C. § 522(d)(5) |
| Ellie Holli oo,loodale /v Z. T III | | | 100% of fair market value, up to any applicable statutory limit | |
| cpap Line from Schedule A/B: 14.2 | \$100.00 | | \$100.00 | 11 U.S.C. § 522(d)(5) |
| Life from Genedule 7/B. 14/2 | | | 100% of fair market value, up to any applicable statutory limit | |
| educators credit union ine from Schedule A/B: 17.1 | \$10.00 | | \$10.00 | 11 U.S.C. § 522(d)(5) |
| ane nom schedule A.B. 11.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| reasury bonds .ine from Schedule A/B: 18.1 | \$500.00 | | \$500.00 | 11 U.S.C. § 522(d)(5) |
| ane nom schedule A/B. 19.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| pack child support | \$53,000.00 | | \$53,000.00 | 11 U.S.C. § 522(d)(10)(D) |
| ane nom Schedule A.B. 23.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| PI Claim Hupy and Abraham epresents | \$1,000,000.00 | | \$23,675.00 | 11 U.S.C. § 522(d)(11)(D) |
| ine from Schedule A/B: 34.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| PI Claim Hupy and Abraham | \$1,000,000.00 | | \$11,990.00 | 11 U.S.C. § 522(d)(5) |
| ine from Schedule A/B: 34.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Are you claiming a homestead exemption Subject to adjustment on 4/01/19 and every No | | | led on or after the date of adjustmen | t.) |
| Yes. Did you acquire the property cove | red by the exemption wi | thin 1 | ,215 days before you filed this case? | • |
| ☐ Yes | | | | |

Page 10 of 39

| Fill in this info | ormation to identify you | r case: | | | | |
|------------------------------------|--|--|------------|--|--|--------------------------|
| Debtor 1 | Marina D Kolchi | nsky | | | | |
| 200101 | First Name | | st Name | | | |
| Debtor 2 | First Name | Middle News | - | | | |
| (Spouse if, filing) | First Name | Middle Name Las | st Name | | | |
| United States I | Bankruptcy Court for the: | EASTERN DISTRICT OF WISCON | SIN | | | |
| Case number | 17-22823 | | | | | |
| (if known) | | | | | _ | if this is an |
| | | | | | ameno | led filing |
| Official Fo | rm 106D | | | | | |
| Schedul | D: Creditors | Who Have Claims Se | cure | d by Propert | у | 12/15 |
| | | f two married people are filing together, b | | | | |
| is needed, copy number (if know | | out, number the entries, and attach it to the | is form. C | on the top of any addition | nal pages, write your na | me and case |
| • | rs have claims secured by | your property? | | | | |
| □ No. Che | eck this box and submit th | his form to the court with your other sch | edules. Y | ou have nothing else t | o report on this form. | |
| _ | in all of the information b | • | | 3 | | |
| | All Secured Claims | | | | | |
| | | and the second state of th | | Column A | Column B | Column C |
| for each claim. I | f more than one creditor has | nore than one secured claim, list the creditor a particular claim, list the other creditors in P cal order according to the creditor's name. | | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| 2.1 Wilmint Society | on Savings Fund , FSB | Describe the property that secures the c | laim: | \$409,000.00 | \$260,000.00 | \$149,000.00 |
| Creditor's Na | | 3287 N Shepard Ave. Milwaukee | e, WI | | | |
| | y & Associates | 53211 Milwaukee County | | | | |
| | V. Glendale Drive | As of the date you file, the claim is: Check | k all that | | | |
| New Be 53151-2 | , | apply. | | | | |
| | eet, City, State & Zip Code | ☐ Contingent ☐ Unliquidated | | | | |
| Number, on | eet, Oity, Otate & Zip Oode | ☐ Disputed | | | | |
| Who owes the | debt? Check one. | Nature of lien. Check all that apply. | | | | |
| ■ Debtor 1 only | | ☐ An agreement you made (such as mortg | gage or se | cured | | |
| Debtor 2 only | | car loan) | | | | |
| Debtor 1 and | Debtor 2 only | ☐ Statutory lien (such as tax lien, mechani | c's lien) | | | |
| ☐ At least one of | of the debtors and another | ☐ Judgment lien from a lawsuit | | | | |
| ☐ Check if this community | claim relates to a debt | Other (including a right to offset) | | | | |
| Date debt was i | ncurred | Last 4 digits of account number | | | | |
| | | | | | | |
| Add the dollar | value of your entries in Co | olumn A on this page. Write that number h | nere. | \$409,00 | 00.00 | |
| | = | the dollar value totals from all pages. | .0.0. | | | |
| Write that nun | nber here: | | | \$409,00 | 0.00 | |
| Part 2: List (| Others to Be Notified for | r a Debt That You Already Listed | | | | |
| trying to collect | from you for a debt you or | e notified about your bankruptcy for a deb we to someone else, list the creditor in Pa you listed in Part 1, list the additional cre is page. | rt 1, and | then list the collection a | gency here. Similarly, if | you have more |
| Π | | | | | | |
| | umber, Street, City, State & Z Milwaukee City Treat | | On wh | ich line in Part 1 did you e | nter the creditor? 2.1 | |
| | Wells St., #103 | Sui 6: | l aet 1 | digits of account number | | |

200 E. Wells St., #103 Milwaukee, WI 53202

Last 4 digits of account number __

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

page 1 of 1

| United States Bankruptcy Court for the: EASTERN DISTRICT OF WISCONSIN Case number (if known) T7-22823 | | | | | | | |
|---|--|---|--|--|---|---|--|
| Debtor 2 (Spouse II, fling) First Name Middle Name Last Name United States Bankruptcy Court for the: EASTERN DISTRICT OF WISCONSIN Case number IT-22823 Check if this is an amended filing Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 30 as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to recently contracts on Schedule ARI. Property (Official Form 106AP) and on Schedule D: Creditors With PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to recently contracts on Schedule ARI. Property (Official Form 106AP) and on Schedule D: Creditors With PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to recently contracts on Schedule ARI. Property (Official Form 106AP) and on Schedule D: Creditors With Party out need, fill it out, number the entries in the boxes on the eff. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Part 1: It is all of Your PRIORITY Unsecured Claims against you? No. Go to Part 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim. For each claim listed, identify what type of claim its. If a claim has both priority and nonpriority amounts, list that claim here and show both priory and nonpriority smounts. A manufacture of the party to the page of the party to the page of the p | Fill in this info | rmation to identify your | case: | | | | |
| Debtor 2 (Spouse II, fling) First Name Middle Name Last Name United States Bankruptcy Court for the: EASTERN DISTRICT OF WISCONSIN Case number IT-22823 Check if this is an amended filing Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 30 as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to recently contracts on Schedule ARI. Property (Official Form 106AP) and on Schedule D: Creditors With PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to recently contracts on Schedule ARI. Property (Official Form 106AP) and on Schedule D: Creditors With PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to recently contracts on Schedule ARI. Property (Official Form 106AP) and on Schedule D: Creditors With Party out need, fill it out, number the entries in the boxes on the eff. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Part 1: It is all of Your PRIORITY Unsecured Claims against you? No. Go to Part 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim. For each claim listed, identify what type of claim its. If a claim has both priority and nonpriority amounts, list that claim here and show both priory and nonpriority smounts. A manufacture of the party to the page of the party to the page of the p | Debtor 1 | Marina D Kolchin | skv | | | | |
| United States Bankruptcy Court for the: EASTERN DISTRICT OF WISCONSIN Case number 17-22823 Check if this is an amended filing | | | | Last Name | | | |
| Case number 17-22823 Check if this is an amended filing | Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | | |
| Check if this is an amended filing | United States B | Bankruptcy Court for the: | EASTERN DISTRIC | CT OF WISCONSIN | | | |
| Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Ba as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to my executory contracts or unserprised leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property I from cer space is needed, copy the Part you need the entries in the boxes on the eff. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditor's in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) Total claim Priority Insecured claims, fill out the Continuation Page of Particular Priority Insecured claims, fill out the Con | Case number | 17-22823 | | | | | |
| Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to my executory contracts or unexpired leases that could result in a claim. Also list executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B. Property (Official Form 106/9), and on Schedule 6: Executory Contracts and Unexpired Leases (Official Form 106/9). Do not include any creditors with partially secured claims that are listed in Schedule D. Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the bose on the offi. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. | (if known) | | | | | _ | |
| See as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to my executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule AB: Property (Official Form 1064,D) and on Schedule 6: Executory Contracts and Unexpired Leases (Official Form 1064,D) and on Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the fact Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims against you? No. Go to Part 2: Yes. 2. List all of your priority unsecured claims if a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) Priority Creditor's Name Insolvency Unit-Milwaukee 211 W. Wisconsin ave Milwaukee, Wi 53203 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Check if this claim is for a community debt List the claim subject to offset? Type of PRIORITY unsecured claim: Type of PRIORITY unsecured claim: Taxes and certain other debbts you were intoxicated | | | ho Have Unse | ocured Claims | | | 12/15 |
| 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. | Schedule G: Exec Schedule D: Cred left. Attach the Co name and case n | cutory Contracts and Unexp ditors Who Have Claims Sec ontinuation Page to this pag umber (if known). | ired Leases (Official Fo ured by Property. If mor e. If you have no inform | rm 106G). Do not include any cr re space is needed, copy the Pa | editors with partially s rt you need, fill it out, i | ecured claims that number the entrie | at are listed in s in the boxes on the |
| No. Go to Part 2. | | | | | | | |
| Yes. 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) Internal Revenue Service Last 4 digits of account number Priority Creditor's Name Insolvency Unit-Milwaukee 211 W. Wisconsin ave Milwaukee, WI 53203 Number Street City State Zlp Code Who incurred the debt? Check one. Contingent Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Type of PRIORITY unsecured claim: Taxes and certain other debts you owe the government State Claims subject to offset? | | • • | d claims against you? | | | | |
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| Milwaukee, WI 53203 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated | Insolv | ency Unit-Milwaukee | When was | the debt incurred? | | - | |
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| □ Debtor 1 only □ Unliquidated □ Debtor 2 only □ Disputed □ Debtor 1 and Debtor 2 only □ Type of PRIORITY unsecured claim: □ At least one of the debtors and another □ Domestic support obligations □ Check if this claim is for a community debt Is the claim subject to offset? □ Claims for death or personal injury while you were intoxicated | | • | <u></u> | - | all that apply | | |
| □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ Disputed Type of PRIORITY unsecured claim: □ Domestic support obligations □ Taxes and certain other debts you owe the government □ Claims for death or personal injury while you were intoxicated | | | _ | | | | |
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| ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ☐ Domestic support obligations ☐ Taxes and certain other debts you owe the government ☐ Claims for death or personal injury while you were intoxicated | | | | | | | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? ☐ Claims for death or personal injury while you were intoxicated | Debtor 1 | 1 and Debtor 2 only | <u></u> ' | | | | |
| Is the claim subject to offset? Claims for death or personal injury while you were intoxicated | ☐ At least | one of the debtors and anothe | ,ı | | | | |
| | ☐ Check i | f this claim is for a commur | _ | | = | | |
| ■ No Other. Specify | | n subject to offset? | | | | | |
| □ Yes | | | ☐ Other. S | Specify | | | _ |

| 1 | | | |
|--|--|---|-----------------------|
| Wisconsin department revenue Priority Creditor's Name | Last 4 digits of account number\$0.00 | \$0.00 | \$0.0 |
| 2135 Rimrock rd | When was the debt incurred? | | |
| po box 8901 | | | |
| Madison, WI 53708 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | |
| Who incurred the debt? Check one. | Contingent | | |
| ■ Debtor 1 only | ☐ Unliquidated | | |
| ☐ Debtor 2 only | ☐ Disputed | | |
| Debtor 1 and Debtor 2 only | Type of PRIORITY unsecured claim: | | |
| ☐ At least one of the debtors and another | ☐ Domestic support obligations | | |
| ☐ Check if this claim is for a community debt | Taxes and certain other debts you owe the government | | |
| Is the claim subject to offset? | ☐ Claims for death or personal injury while you were intoxicated | | |
| ■ No | Other. Specify | | |
| ☐ Yes | | | |
| No. You have nothing to report in this part. Submit Yes. ist all of your nonpriority unsecured claims in the | this form to the court with your other schedules. alphabetical order of the creditor who holds each claim. If a creditor has more | | |
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| No. You have nothing to report in this part. Submit Yes. ist all of your nonpriority unsecured claims in the needured claim, list the creditor separately for each chan one creditor holds a particular claim, list the other art 2. Aurora Health Care Nonpriority Creditor's Name P.O. Box 341097 Milwaukee, WI 53234-1097 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community | this form to the court with your other schedules. Palphabetical order of the creditor who holds each claim. If a creditor has more laim. For each claim listed, identify what type of claim it is. Do not list claims already creditors in Part 3.If you have more than three nonpriority unsecured claims fill out to the claim of the claim is: Check all that apply Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans | included in Part the Continuation Total claim | 1. If more Page of |
| No. You have nothing to report in this part. Submit Yes. ist all of your nonpriority unsecured claims in the neecured claim, list the creditor separately for each chan one creditor holds a particular claim, list the other lart 2. Aurora Health Care Nonpriority Creditor's Name P.O. Box 341097 Milwaukee, WI 53234-1097 Number Street City State ZIp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | this form to the court with your other schedules. It alphabetical order of the creditor who holds each claim. If a creditor has more laim. For each claim listed, identify what type of claim it is. Do not list claims already creditors in Part 3.If you have more than three nonpriority unsecured claims fill out to the last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: | included in Part the Continuation Total claim | 1. If more Page of |
| Aurora Health Care Nonpriority Creditor's Name P.O. Box 341097 Milwaukee, WI 53234-1097 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt | this form to the court with your other schedules. Palphabetical order of the creditor who holds each claim. If a creditor has more laim. For each claim listed, identify what type of claim it is. Do not list claims already creditors in Part 3.If you have more than three nonpriority unsecured claims fill out to the claim is that apply Contingent | included in Part the Continuation Total claim | 1. If more Page of |

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Page 13 of 39

| Debtor | Marina D | Kolchinsky | | Case r | number (if know) | 17-22823 | | | |
|--|--|---|---|-------------------------|---|---|--|--|--|
| | | ankruptcy Dept | Last 4 digits of account number | | | _ | Unknown | | |
| | Nonpriority Cred P.O. Box 37 | 7380 | When was the debt incurred? | | | | | | |
| | | Ie, NM 87176 City State Zlp Code | As of the date you file, the claim | ie: Chaol | k all that apply | | | | |
| | | the debt? Check one. | As of the date you file, the claim | is. Checi | к ан шасарріу | | | | |
| | Debtor 1 onl | ly | ☐ Contingent | | | | | | |
| | Debtor 2 onl | ly | ☐ Unliquidated | | | | | | |
| | Debtor 1 and | | □ Disputed | | | | | | |
| | ☐ At least one | of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | | |
| | ☐ Check if thi | s claim is for a community | ☐ Student loans | | | | | | |
| | debt | bject to offset? | Obligations arising out of a sepreport as priority claims | that you did not | | | | | |
| | ■ No | | ☐ Debts to pension or profit-shari | ng plans, | and other similar de | ebts | | | |
| | ☐ Yes | | Other. Specify | | | | | | |
| | Wisconsin | Department of Health | | | | | | | |
| | Services Nonpriority Cred | ditor's Namo | Last 4 digits of account number | | | - | Unknown | | |
| | 1 West Wils | | When was the debt incurred? | | | | | | |
| _ | Number Street | City State Zlp Code the debt? Check one. | As of the date you file, the claim | | | | | | |
| | ■ Debtor 1 onl | lv | ☐ Contingent | | | | | | |
| | Debtor 2 onl | V | ☐ Unliquidated | | | | | | |
| | Debtor 1 and | | | | | | | | |
| | ☐ At least one | | | | | | | | |
| | ☐ Check if thi | Check if this claim is for a community | | | | | | | |
| | debt Is the claim su | bject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | | | |
| | ■ No | | ☐ Debts to pension or profit-shari | | | | | | |
| | ☐ Yes | | ■ Other. Specify | | | | | | |
| | | | . , | | | | | | |
| Part 3: | List Others | s to Be Notified About a Deb | t That You Already Listed | | | | | | |
| is tryin have n notifie Part 4: 6. Total t | ng to collect from one than one of d for any debts | m you for a debt you owe to sor creditor for any of the debts that in Parts 1 or 2, do not fill out or mounts for Each Type of Un- certain types of unsecured clain | . 5 | n Parts 1 itional cr | or 2, then list the reditors here. If you | collection agency u do not have addi | here. Similarly, if you tional persons to be | | |
| | | | | | Total | Claim | | | |
| т | 6a. 'otal | Domestic support obligations | | 6a. | \$ | 0.00 | | | |
| cla | ims | | | | | | | | |
| from Pa | art 1 6b. 6c. | Taxes and certain other debts | you owe the government njury while you were intoxicated | 6b. 6c. | \$ | 0.00 | | | |
| | 6d. | • | cured claims. Write that amount here. | 6d. | \$ | 0.00 | | | |
| | | , | | | <u> </u> | 0.00 | | | |
| | 6e. | Total Priority. Add lines 6a thro | ugh 6d. | 6e. | \$ | 0.00 | | | |
| | | | | | Total | Claim | | | |
| т | 6f. | Student loans | | 6f. | \$ | 0.00 | | | |
| cla | nims | Oblimations of the | | | | | | | |
| from Pa | art 2 6g. | Obligations arising out of a se you did not report as priority of | paration agreement or divorce that laims | 6g. | \$ | 0.00 | | | |
| | 6h. | Debts to pension or profit-sha | ring plans, and other similar debts | 6h. | \$ | 0.00 | | | |
| | 6i. | Other. Add all other nonpriority u | insecured claims. Write that amount | 6i. | \$ | | | | |

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Page 3 of 4

Case number (if know)

17-22823

here

6j. Total Nonpriority. Add lines 6f through 6i.

0.00

\$ 0.00

| Fill in this infor | mation to identify your | | | | |
|---------------------|--------------------------|--------------------|-------------|--|---------------------|
| Debtor 1 | manua 2 recommeny | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | EASTERN DISTRICT O | F WISCONSIN | | |
| Case number | 17-22823 | | | | |
| (if known) | | | | | Check if this is an |
| | | | | | amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| F | Person or | company with Name, Number | whom you have th r, Street, City, State and ZIF | e contract or lease | State what the contract or lease is for |
|-----|-----------|------------------------------|--|---------------------|---|
| .1 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | <u> </u> |
| .2 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | <u> </u> |
| 2.3 | , | | | | |
| | Name | | | | |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | _ |
| 2.4 | , | | | | |
| | Name | | | | _ |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | <u> </u> |
| 2.5 | City | | Olalo | ZII OOGC | |
| - | Name | | | | |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | <u> </u> |

| Fill in Abia i | :-ftitidtif | | | | |
|-------------------------------|--|---|--|--|--|
| | information to identify your | | | | |
| Debtor 1 | Marina D Kolchir First Name | Sky Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing | g) First Name | Middle Name | Last Name | | |
| United State | es Bankruptcy Court for the: | EASTERN DISTRICT OF | WISCONSIN | | |
| Case numb | er 17-22823 | | | | |
| (if known) | | | | | ☐ Check if this is an |
| | | | | | amended filing |
| Official | Form 106H | | | | |
| | ule H: Your Cod | ebtors | | | 12/15 |
| | | | | | |
| ■ No □ Yes 2. With Arizona | in the last 8 years, have you a, California, Idaho, Louisiana Go to line 3. Did your spouse, former spo | ı lived in a community prop Nevada, New Mexico, Puert | erty state or territor o Rico, Texas, Wash | r y? (Community property sta | tes and territories include |
| - | 7 | | | | |
| | □ No ■ Yes. | | | | |
| • | ■ Yes. | | | | |
| | In which community stat | e or territory did you live? | -NONE- | . Fill in the name and cu | irrent address of that person. |
| | Name of your spouse, former sp Number, Street, City, State & Zi | | | | |
| in line : Form 1 out Co | ımn 1, list all of your codeb 2 again as a codebtor only | ors. Do not include your sp f that person is a guaranto Form 106E/F), or Schedule | or cosigner. Make | sure you have listed the cr 16G). Use Schedule D, Sch | th you. List the person shown editor on Schedule D (Officia edule E/F, or Schedule G to fi r to whom you owe the debt |
| | , , , . , , , , . | | | Officer all scriedules the | а арріу. |
| 3.1 | Jama | | | Schedule D, line | |
| N | Name | | | ☐ Schedule E/F, line | |
| | <u> </u> | | | ☐ Schedule G, line _ — | |
| | Number Street City | State | ZIP Code | | |
| | | | | | |
| 3.2 | lomo | | | Schedule D, line _ | |
| N | Name | | | ☐ Schedule E/F, line | |
| _ | | | | ☐ Schedule G, line _ — | |
| | Number Street City | State | ZIP Code | | |

Schedule H: Your Codebtors

Page 17 of 39

| Fill | in this information to identify you | r case: | | | | ļ | | | | |
|-------------|--|--|------------------------|--------------|------|-------------|-------------------------|-----------------------------------|---------------------------|----------|
| Del | btor 1 Marina D | Kolchinsky | | | _ | | | | | |
| | btor 2 buse, if filing) | | | | _ | | | | | |
| Uni | ited States Bankruptcy Court for | the: EASTERN DISTRICT | OF WISCONSIN | | | | | | | |
| | se number 17-22823 | - | | | ☐ Ar | | ed filing ent showir | ng postpetitior following date | | |
| 0 | fficial Form 106I | | | | | MI | M / DD/ \ | /YYY | | |
| S | chedule I: Your In | come | | | | | | | | 12/15 |
| spo atta | plying correct information. If y use. If you are separated and y ch a separate sheet to this for Describe Employme | our spouse is not filing w m. On the top of any addit | ith you, do not inclu | ıde inforı | mati | on about | your sp | ouse. If m | ore space is | needed, |
| 1. | Fill in your employment information. | | Debtor 1 | | | | Debtor 2 | 2 or non-f | iling spouse | |
| | If you have more than one job, | Employment status | ☐ Employed | | | | ☐ Empl | oyed | | |
| | attach a separate page with information about additional employers. | . , | ■ Not employed | | | ☐ Not e | mployed | | | |
| | Include part-time, seasonal, or self-employed work. | Occupation Employer's name | | | | | | | | |
| | Occupation may include stude or homemaker, if it applies. | nt Employer's address | | | | | | | | |
| | | How long employed t | here? | | | | _ | | | |
| Pai | rt 2: Give Details About M | Monthly Income | | | | | | | | |
| | mate monthly income as of the use unless you are separated. | e date you file this form. If | you have nothing to r | eport for | any | line, write | \$0 in the | space. In | iclude your no | n-filing |
| | ou or your non-filing spouse have e space, attach a separate sheet | | ombine the information | on for all e | empl | oyers for t | hat perso | on on the I | lines below. If | you need |
| | | | | | | For Deb | tor 1 | | ebtor 2 or ling spouse | |
| 2. | List monthly gross wages, s deductions). If not paid month | | | 2. | \$ | | 0.00 | \$ | N/A | - |
| 3. | Estimate and list monthly ov | ertime pay. | | 3. | +\$ | | 0.00 | +\$ | N/A | _ |
| 4. | Calculate gross Income. Add | d line 2 + line 3. | | 4. | \$ | | 0.00 | \$ | N/A | |

Official Form 106I Page 18 of 39

| | | | | For | Debtor 1 | | Debtor 2 or -filing spouse |
|-----|-----------------|---|----------|-----|----------------|------|-------------------------------|
| | Copy | line 4 here | 4. | \$ | 0.00 | \$ | N/A |
| | | | | · — | | · — | |
| 5. | List a | all payroll deductions: | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a. | \$ | 0.00 | \$ | N/A |
| | 5b. | Mandatory contributions for retirement plans | 5b. | \$ | 0.00 | \$ | N/A |
| | 5c. | Voluntary contributions for retirement plans | 5c. | \$ | 0.00 | \$ | N/A |
| | 5d. | Required repayments of retirement fund loans | 5d. | \$ | 0.00 | \$ | N/A |
| | 5e. | Insurance | 5e. | \$ | 0.00 | \$ | N/A |
| | 5f. | Domestic support obligations | 5f. | \$ | 0.00 | \$ | N/A |
| | 5g. | Union dues | 5g. | \$ | 0.00 | \$ | N/A |
| | 5h. | Other deductions. Specify: | 5h.+ | \$ | 0.00 | + \$ | N/A |
| 6. | Add 1 | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$ | 0.00 | \$ | N/A |
| 7. | Calcu | ulate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 0.00 | \$ | N/A |
| | List a 8a. | All other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$ | 0.00 | \$ | N/A |
| | 8b. | Interest and dividends | 8b. | \$— | 0.00 | \$— | N/A |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce | | | 0.00 | · — | |
| | ٥. | settlement, and property settlement. | 8c. | \$ | 0.00 | \$ | N/A |
| | 8d. | Unemployment compensation | 8d. | \$ | 0.00 | \$_ | N/A |
| | 8e. | Social Security | 8e. | \$ | 0.00 | \$ | N/A |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8f. | \$ | 0.00 | \$ | N/A |
| | 8g. | Pension or retirement income | 8g. | \$ | 0.00 | \$ | N/A |
| | 8h. | Other monthly income. Specify: mother's contribution | 8h.+ | \$ | 2,000.00 | + \$ | N/A |
| | | child support | | \$ | 500.00 | \$ | N/A |
| | | rents from apartment jerusalem | _ | \$ | 500.00 | \$ | N/A |
| 9. | Add a | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 3,000.00 | \$ | N/A |
| 40 | 0-1- | ulate monthly income. Add Fig. 7 . Fig. 2 | 40 🖵 | | 20000 | | N/A C 2225.55 |
| IU. | | • | 10. \$ | - 3 | 3,000.00 + \$_ | | N/A = \$ 3,000.00 |
| | Add t | he entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | | | | |
| | Includ other | e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your friends or relatives. ot include any amounts already included in lines 2-10 or amounts that are not lify: | depen | | • | | Schedule J. 11. +\$ 0.00 |
| | | the amount in the last column of line 10 to the amount in line 11. The rest that amount on the Summary of Schedules and Statistical Summary of Certaines | | | | | 12. \$3,000.00 |
| 10 | _ | | _ | | | | Combined monthly income |
| 13. | Do yo | ou expect an increase or decrease within the year after you file this form No. | ? | | | | |
| | _ | Yes, Explain: | | | | | |

Official Form 106I

| Fill in t | his informa | tion to identify yo | ur case: | | | | | |
|-------------|----------------------------------|---------------------------------------|-----------------|---|---|------------|------------------------|---|
| Debtor | 1 | Marina D Ko | lchinsky | | | Cł | neck if this is: | |
| | | | | | | | | |
| Debtor : | 2 e, if filing) | | | | | | | wing postpetition chapter the following date: |
| (Spouse | e, ii iiiiiig) | | | | | | 13 expenses as or | the following date. |
| United S | States Bankı | uptcy Court for the: | EASTE | RN DISTRICT OF WISCO | NSIN | | MM / DD / YYYY | |
| Case no | umber 17 | 7-22823 | | | | | | |
| (If know | /n) | | | | | | | |
| Offic | cial Fo | rm 106J | | | | | | |
| Sch | edule | J: Your I | Exner | 1888 | | | | 12/15 |
| | | | | . If two married people ar | re filing together, bo | th are e | nually responsible for | |
| inform | nation. If m | | eded, atta | ch another sheet to this | | | | |
| Part 1: | Desci | ibe Your House | hold | | | | | |
| | _ | | | | | | | |
| | ■ No. Go to ■ Yes. Doe | o line 2. es Debtor 2 live i | in a separ | ate household? | | | | |
| | □N | - | | | | | | |
| | ΠY | es. Debtor 2 mus | t file Offici | al Form 106J-2, Expenses | s for Separate Housel | old of D | ebtor 2. | |
| 2. D | o you hav | e dependents? | □ No | | | | | |
| | o not list D ebtor 2. | ebtor 1 and | Yes. | Fill out this information for each dependent | Dependent's relation Debtor 1 or Debtor | | Dependent's age | Does dependent live with you? |
| D | o not state | the | | | | | | □ No |
| de | ependents | names. | | | son | | 14 | ■ Yes |
| | | | | | | | | □ No |
| | | | | | son | | 16 | Yes |
| | | | | | | | 4- | □ No |
| | | | | | son | | | ■ Yes |
| | | | | | Com | | 40 | □ No |
| | | | | | Son | | 19 | ■ Yes |
| | | | | | Son | | 20 | □ No |
| | | | | | Son | | | ■ Yes |
| | | | | | Son | | 21 | □ No ■ Xaa |
| 3. D | o vour evi | enses include | _ | | | | | Yes |
| e | xpenses o | f people other the d your depender | han $_{f \Box}$ | No Yes | | | | |
| Part 2: | Fetim | ate Your Ongoi | na Monthi | v Fxnenses | | | | |
| Estima | ate your ex | cpenses as of yo | our bankrı | uptcy filing date unless y y is filed. If this is a supp | | | | |
| applic | able date. | | | | | | | |
| Includ | e expense | s paid for with r | non-cash | government assistance i | f vou know | | | |
| the va | lue of suc | h assistance and | | cluded it on Schedule I: \ | | | Vour ovn | oncoc |
| (Officia | al Form 10 |)6I.) | | | | | Your exp | elises |
| | | or home owners | | ses for your residence. I | nclude first mortgage | 4. | \$ | 670.00 |
| • | | led in line 4: | 5 | | | | | |
| | o DI | ototo tovo- | | | | 4 - | ¢ | E00.00 |
| 4a 4l | | estate taxes rty, homeowner's | s. or renter | 's insurance | | 4a. 4b. | · · | 500.00 100.00 |
| 40 | | • | - | inkeen expenses | | 4c | \$ | 0.00 |

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Official Form 106J

Schedule J: Your Expenses

Debtor 1 Marina D Kolchinsky

4d. Homeowner's association or condominium dues

5. Additional mortgage payments for your residence, such as home equity loans

Case number (if known)

4d. \$

0.00

0.00

Official Form 106J Schedule J: Your Expenses page 2

| Deb | tor 1 | Marina D | Kolchinsky | Case number (if known) 17-22823 | | 17-22823 | |
|-----|-------------|---------------|---|----------------------------------|---------|------------------|------------------------------|
| 6. | Utilit | ties: | | | | | |
| ٥. | 6a. | | heat, natural gas | | 6a. | \$ | 0.00 |
| | 6b. | • | ver, garbage collection | | 6b. | \$ | 0.00 |
| | 6c. | | e, cell phone, Internet, satellite, and cable se | ervices | 6c. | \$ | 0.00 |
| | 6d. | Other. Spe | • | | 6d. | \$ | 0.00 |
| 7. | Food | | ekeeping supplies | | | \$ | 500.00 |
| 8. | | | hildren's education costs | | 8. | \$ | 400.00 |
| 9. | | | ry, and dry cleaning | | 9. | \$ | 200.00 |
| | | - | roducts and services | | 10. | | 50.00 |
| 11. | | _ | ntal expenses | | 11. | · | 0.00 |
| | | | Include gas, maintenance, bus or train fare | | | · | |
| | | • | ar payments. | • | 12. | \$ | 212.00 |
| 13. | | | clubs, recreation, newspapers, magazine | es, and books | 13. | \$ | 100.00 |
| | | | ributions and religious donations | | 14. | \$ | 0.00 |
| 15. | Insu | rance. | • | | | | |
| | Do n | ot include in | surance deducted from your pay or include | d in lines 4 or 20. | | | |
| | 15a. | Life insura | nce | | 15a. | · | 0.00 |
| | 15b. | Health ins | urance | | 15b. | \$ | 0.00 |
| | 15c. | Vehicle ins | surance | | 15c. | \$ | 0.00 |
| | 15d. | Other insu | rance. Specify: | | 15d. | \$ | 0.00 |
| 16. | Taxe | s. Do not in | clude taxes deducted from your pay or inclu | ided in lines 4 or 20. | _ | | |
| | Spec | cify: | | | 16. | \$ | 0.00 |
| 17. | | | ease payments: | | _ | | |
| | | | ents for Vehicle 1 | | 17a. | \$ | 0.00 |
| | 17b. | Car payme | ents for Vehicle 2 | | 17b. | \$ | 0.00 |
| | 17c. | Other. Spe | ecify: | | 17c. | \$ | 0.00 |
| | 17d. | Other. Spe | ecify: | | 17d. | \$ | 0.00 |
| 18. | | | of alimony, maintenance, and support th | | _ | | 0.00 |
| | | | your pay on line 5, Schedule I, Your Inco | | 18. | \$ | 0.00 |
| 19. | | | s you make to support others who do not | live with you. | | \$ | 0.00 |
| | Spec | · | | | 19. | | |
| 20. | | | erty expenses not included in lines 4 or 5 | of this form or on <i>Schedu</i> | | | |
| | | | on other property | | 20a. | | 0.00 |
| | | Real estat | | | 20b. | · | 0.00 |
| | | | nomeowner's, or renter's insurance | | 20c. | · - | 0.00 |
| | | | ce, repair, and upkeep expenses | | 20d. | | 0.00 |
| | | | er's association or condominium dues | | 20e. | · | 0.00 |
| 21. | Othe | er: Specify: | | | 21. | +\$ | 0.00 |
| 22 | Calc | ulate vour r | monthly expenses | | | | |
| 22. | | Add lines 4 | | | | \$ | 2,732.00 |
| | | | 2 (monthly expenses for Debtor 2), if any, fr | om Official Form 106 l-2 | | \$ ——— | 2,732.00 |
| | | | | | | · | |
| | 22c. | Add line 22a | a and 22b. The result is your monthly expen | nses. | | \$ | 2,732.00 |
| 23. | Calc | ulate vour r | monthly net income. | | | L | |
| | | | 12 (your combined monthly income) from So | chedule I. | 23a. | \$ | 3,000.00 |
| | | | monthly expenses from line 22c above. | | 23b. | * | 2,732.00 |
| | | 7 7 | y | | | | |
| | 23c. | Subtract v | our monthly expenses from your monthly in- | come. | | | |
| | | | is your monthly net income. | | 23c. | \$ | 268.00 |
| | | | , | | | | |
| 24. | | | in increase or decrease in your expense | | | | |
| | | | to expect to finish paying for your car loan within the terms of your mortgage? | he year or do you expect your m | ortgage | payment to incre | ase or decrease because of a |
| | _ | | terms of your mortgage? | | | | |
| | ■ N | | [| | | | |
| | \square Y | es. | Explain here: | | | | |

Official Form 106J Schedule J: Your Expenses page 3

| Fill in this infor | mation to identify your | case: | | |
|---------------------------------|--|----------------------------|--------------------------------|--|
| Debtor 1 | Marina D Kolchin | sky | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | EASTERN DISTRICT OF | WISCONSIN | |
| Case number | 17-22823 | | | |
| (if known) | | | | ☐ Check if this is an amended filing |
| | | | | |
| Official For | | | | |
| Declara t | tion About a | an Individual I | Debtor's Sched | dules 12/15 |
| , | I8 U.S.C. §§ 152, 1341, 1 ∣n Below | | | |
| Did you pa | ay or agree to pay some | eone who is NOT an attorne | ey to help you fill out bankru | otcy forms? |
| ■ No | | | | |
| ☐ Yes. | Name of person | | | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) |
| | alty of perjury, I declare re true and correct. | that I have read the summ | ary and schedules filed with | this declaration and |
| X /s/ Ma | rina D Kolchinsky | | Х | |
| Marina | a D Kolchinsky ure of Debtor 1 | | Signature of Debtor | 2 |
| Date _ | April 27, 2017 | | Date | |
| | | | | |

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

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Best Case Bankruptcy

| Fil | l in this inforn | nation to identify you | r case: | | | |
|------------|----------------------------|----------------------------------|--|---|--|---|
| De | btor 1 | Marina D Kolchi | | | | |
| D0 | htor 2 | First Name | Middle Name | Last Name | | |
| 1 - | btor 2 ouse if, filing) | First Name | Middle Name | Last Name | | |
| Un | ited States Ba | nkruptcy Court for the: | EASTERN DISTRICT OF | WISCONSIN | | |
| Ca | se number | 17-22823 | | | | |
| (if k | nown) | | | | _ | Check if this is an amended filing |
| St | | of Financial | | duals Filing for B | | 4/16 |
| info | ormation. If m | | attach a separate sheet to | | equally responsible for su y additional pages, write yo | |
| Pa | rt 1: Give D | Details About Your Ma | arital Status and Where You | u Lived Before | | |
| 1. | What is you | r current marital statu | is? | | | |
| | ☐ Married | | | | | |
| | ■ Not mar | | | | | |
| 2. | During the la | ast 3 years, have you | lived anywhere other than | where you live now? | | |
| | ■ No | | | | | |
| | _ | t all of the places you I | ived in the last 3 years. Do n | ot include where you live nov | v. | |
| | Debtor 1 Pr | ior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ac | idress: | Dates Debtor 2 lived there |
| 3. stat | | | | | nity property state or territorico, Texas, Washington and | |
| | □ No | | | | | |
| | _ | ake sure you fill out <i>Sci</i> | hedule H: Your Codebtors (C | official Form 106H). | | |
| Pa | rt 2 Explai | n the Sources of You | r Income | | | |
| 4. | Fill in the tota | al amount of income yo | u received from all jobs and | ng a business during this yeall businesses, including parter together, list it only once un | | endar years? |
| | ■ No | | | | | |
| | _ | in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| 5. | Include include and other | come regard public benef | lless of whethe fit payments; p | er that inco ensions; r | ome is taxable. Ex ental income; inte | xamples o erest; divid | dends; money colle | alimony; child sup | ; royalties; and | ecurity, unemployment, I gambling and lottery |
|-----|--|----------------------------------|---|--|--|--|--|--|---|---|
| | List each s | source and t | he gross incor | me from ea | ach source separ | ately. Do i | not include income | e that you listed in I | ine 4. | |
| | ■ No | | | | | | | | | |
| | ☐ Yes. | Fill in the de | etails. | | | | | | | |
| | | | | Debtor 1 | | | | Debtor 2 | | |
| | | | | | of income below. | each (before | s income from source re deductions and sions) | Sources of in Describe below | | Gross income (before deductions and exclusions) |
| Pai | rt 3: List | Certain Pa | yments You I | Made Befo | ore You Filed for | r Bankrup | otcy | | | |
| | | During the No. Yes * Subject to | 90 days befor Go to line 7. List below ea paid that cre not include p to adjustment or Debtor 2 or 90 days befor Go to line 7. List below ea include payn attorney for to | personal, for your filed ach creditor. Do no ayments to on 4/01/19 both have you filed ach creditor nents for do | family, or household for bankruptcy, of to whom you part to include payment of an attorney for and every 3 years of the bankruptcy, of the whom you part to who | old purposed did you para did a total ents for do this bankings after the sumer deletion obligations | se." y any creditor a to of \$6,425* or more mestic support ob ruptcy case. at for cases filed co ots. y any creditor a to of \$600 or more a | e in one or more pa ligations, such as on on or after the date tal of \$600 or more | ore? ayments and the shild support are of adjustment. a? t you paid that Also, do not in | (8) as "incurred by an e total amount you and alimony. Also, do creditor. Do not an experience payments to an experience ayment for |
| | Creditor | s name and | a Address | | Dates of paying | lent | paid | still owe | was this p | ayment for |
| 7. | Within 1 year before you filed for bankruptc Insiders include your relatives; any general par of which you are an officer, director, person in a business you operate as a sole proprietor. 11 alimony. No Yes. List all payments to an insider. | | | rtners; relatives o control, or owner | of any geno of 20% or | eral partners; partr r more of their voti | nerships of which y ng securities; and a | ou are a gener any managing a | al partner; corporation agent, including one fo | |
| | Insider's | Name and | Address | | Dates of paym | ent | Total amount | Amount you | Reason for | r this payment |
| 8. | insider? Include pa | yments on o | - | eed or cosi | ey, did you make | | paid ments or transfer | still owe | account of a d | lebt that benefited an |
| | Insider's | Name and | Address | | Dates of paym | ent | Total amount | Amount you | | r this payment |
| | | | | | | | paid | still owe | Include cred | ditor's name |

Case number (if known) 17-22823

Official Form 107

Debtor 1 Marina D Kolchinsky

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| Del | btor 1 Marina D Kolchinsky | | Case number (| if known) | 17-22823 | |
|-----|---|----------------------------|---------------------------------|------------------|---------------------------------|---------------------|
| | | | | | | |
| Par | rt 4: Identify Legal Actions, Repossessions | s, and Foreclosures | | | | |
| 9. | Within 1 year before you filed for bankruptor List all such matters, including personal injury of modifications, and contract disputes. | | | | | |
| | □ No | | | | | |
| | Yes. Fill in the details. | | | | | |
| | Case title Case number | Nature of the case | Court or agency | | Status of the | case |
| | foreclosure noted in schedule d | | | | ☐ Pending ☐ On appea ☐ Conclude | |
| | ssdi litigation | | | | Pending On appea | |
| 10. | Within 1 year before you filed for bankruptc. Check all that apply and fill in the details below No. Go to line 11. | | erty repossessed, foreclosed, | garnisł | ned, attached, | seized, or levied? |
| | ☐ Yes. Fill in the information below. | | | | | |
| | Creditor Name and Address | Describe the Property | | Date | | Value of the |
| | | Explain what happened | i | | | property |
| 11. | Within 90 days before you filed for bankrupt accounts or refuse to make a payment beca ■ No □ Yes. Fill in the details. | | luding a bank or financial inst | titution, | set off any an | nounts from your |
| | Creditor Name and Address | Describe the action the | creditor took | Date a | action was | Amount |
| 12. | Within 1 year before you filed for bankruptc court-appointed receiver, a custodian, or an | | erty in the possession of an a | ssignee | for the benef | it of creditors, a |
| | ■ No | | | | | |
| | ☐ Yes | | | | | |
| Par | rt 5: List Certain Gifts and Contributions | | | | | |
| 13. | Within 2 years before you filed for bankrupto ■ No □ Yes. Fill in the details for each gift. | cy, did you give any gifts | s with a total value of more th | an \$600 | per person? | |
| | Gifts with a total value of more than \$600 per person | Describe the gifts | | Dates the gif | you gave fts | Value |
| | Person to Whom You Gave the Gift and Address: | | | | | |
| 14. | □ No | | s or contributions with a total | value o | of more than \$ | 600 to any charity? |
| | Yes. Fill in the details for each gift or contr | ribution. | | | | |
| | Gifts or contributions to charities that tota more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) | Describe what you | ı contributed | Dates contri | | Value |
| | various jewish charities | diminimus to va | rious jewish charities | | | \$0.00 |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| Del | btor 1 Marina D Kolchinsky | Ca | ase number (if known) | 17-22823 | |
|-----|--|---|---|----------------------|------------------------|
| | | | | | |
| Par | rt 6: List Certain Losses | | | | |
| 15. | Within 1 year before you filed for bankr or gambling? | uptcy or since you filed for bankruptcy, did yo | ou lose anything be | cause of theft, | fire, other disaster, |
| | ■ No □ Yes. Fill in the details. | | | | |
| | Describe the property you lost and how the loss occurred | Describe any insurance coverage for the los Include the amount that insurance has paid. Lis insurance claims on line 33 of <i>Schedule A/B: P</i> | st pending loss | of your | Value of property lost |
| Par | rt 7: List Certain Payments or Transfe | rs | | | |
| 16. | consulted about seeking bankruptcy or | uptcy, did you or anyone else acting on your be preparing a bankruptcy petition? preparers, or credit counseling agencies for servi | | | y to anyone you |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not | Description and value of any proper transferred You | | payment nsfer was | Amount of payment |
| 17. | promised to help you deal with your cre Do not include any payment or transfer the No Yes. Fill in the details. | | ? | | |
| | Person Who Was Paid Address | Description and value of any proper transferred | | payment nsfer was | Amount of payment |
| | accessbk.org | | | | \$14.95 |
| 18. | transferred in the ordinary course of yo | rs made as security (such as the granting of a sec | ,, , , | | |
| | Person Who Received Transfer Address | Description and value of property transferred | Describe any propayments receive paid in exchange | d or debts | Date transfer was made |
| | Person's relationship to you | | | | |
| 19. | Within 10 years before you filed for ban beneficiary? (These are often called asset ■ No ■ Yes. Fill in the details. | kruptcy, did you transfer any property to a sel et-protection devices.) | lf-settled trust or si | milar device of | which you are a |
| | Name of trust | Description and value of the proper | ty transferred | | Date Transfer was made |
| | | | | | |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| Pai | rt 8: | List of Certain Financial Accounts, Ir | nstrumer | nts, Safe Depo | sit Boxes, and St | orage U | nits | | |
|-----|--------|--|-------------|---|---|-----------|--|---------|--|
| 20. | sol | hin 1 year before you filed for bankrupt d, moved, or transferred? lude checking, savings, money market, | • | • | | | | | , |
| | | uses, pension funds, cooperatives, asso No | | | | - | oci, charee in barne, crear | | ne, pronorago |
| | | Yes. Fill in the details. | | | | | | | |
| | | me of Financial Institution and Idress (Number, Street, City, State and ZIP de) | | digits of nt number | Type of accounts instrument | ınt or | Date account was closed, sold, moved, or transferred | be | Last balance efore closing or transfer |
| 21. | | you now have, or did you have within 1 h, or other valuables? | year be | fore you filed f | or bankruptcy, ar | ny safe d | deposit box or other depos | itory f | for securities, |
| | | No | | | | | | | |
| | | Yes. Fill in the details. | | | | | | | |
| | | me of Financial Institution dress (Number, Street, City, State and ZIP Code) | Α | Who else had a address (Number tate and ZIP Code) | | Describ | be the contents | | o you still ave it? |
| 22. | Hav | ve you stored property in a storage unit | or place | other than yo | ur home within 1 | year be | fore you filed for bankrupto | су? | |
| | | | | | | | | | |
| | | No | | | | | | | |
| | | Yes. Fill in the details. | | | | | | _ | |
| | | me of Storage Facility dress (Number, Street, City, State and ZIP Code) | to A | Vho else has of t? ddress (Number tate and ZIP Code) | | Descrit | be the contents | | o you still nave it? |
| D | ٠. ٥- | Identify Duementy Vey Held on Control | l fan Can | | | | | | |
| Pai | rt 9: | Identify Property You Hold or Contro | or Sor | neone Eise | | | | | |
| 23. | | you hold or control any property that so someone. | omeone | else owns? Inc | clude any proper | ty you b | orrowed from, are storing t | for, or | hold in trust |
| | | No | | | | | | | |
| | | Yes. Fill in the details. | | | | | | | |
| | Ωw | vner's Name | v | here is the pro | nnerty? | Describ | be the property | | Value |
| | | dress (Number, Street, City, State and ZIP Code) | (1) | lumber, Street, City ode) | | Descri | oe the property | | Value |
| Pai | rt 10: | Give Details About Environmental In | formatio | n | | | | | |
| For | the p | ourpose of Part 10, the following definit | ions app | oly: | | | | | |
| | toxi | rironmental law means any federal, stat ic substances, wastes, or material into a ulations controlling the cleanup of thes | the air, la | and, soil, surfa | ce water, ground | • . | | | |
| | | e means any location, facility, or proper own, operate, or utilize it, including disp | - | | y environmental l | aw, whe | ether you now own, operate | ∍, or u | ıtilize it or used |
| | | zardous material means anything an envardous material, pollutant, contaminant | | | s as a hazardous | waste, | hazardous substance, toxi | c sub | stance, |
| Rep | ort a | all notices, releases, and proceedings th | nat you k | now about, re | gardless of when | they oc | ccurred. | | |
| 24. | Has | any governmental unit notified you that | at you m | ay be liable or | potentially liable | under o | or in violation of an environ | menta | al law? |
| | = | No | | | | | | | |
| | П | Yes. Fill in the details. | | | | | | | |
| | | me of site dress (Number, Street, City, State and ZIP Code) | Α | iovernmental u ddress (Number P Code) | I nit , Street, City, State and | | vironmental law, if you ow it | D | Date of notice |
| | | | | | | | | | |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| Deb | otor 1 | Marina D Kolchinsky | | Case number (if known) | 17-22823 |
|------------|--------------------------|--|--|---------------------------|---|
| | | | | | |
| 25. | Have | you notified any governmental unit of | any release of hazardous material? | | |
| | _ | No Yes. Fill in the details. | | | |
| | | ne of site Iress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law know it | , if you Date of notice |
| 26. | Have | you been a party in any judicial or adr | ministrative proceeding under any envir | onmental law? Include | e settlements and orders. |
| | | No | | | |
| | | Yes. Fill in the details. | | | |
| | | e Title e Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case |
| Par | t 11: | Give Details About Your Business or | Connections to Any Business | | |
| 27. | With | in 4 years before you filed for bankrup | tcy, did you own a business or have an | y of the following conr | nections to any business? |
| | | ☐ A sole proprietor or self-employed i | n a trade, profession, or other activity, | either full-time or part- | time |
| | | ☐ A member of a limited liability comp | pany (LLC) or limited liability partnershi | p (LLP) | |
| | | ☐ A partner in a partnership | | | |
| | | ☐ An officer, director, or managing ex | ecutive of a corporation | | |
| | | ☐ An owner of at least 5% of the votin | g or equity securities of a corporation | | |
| | | No. None of the above applies. Go to I | Part 12. | | |
| | | Yes. Check all that apply above and fil | I in the details below for each business | | |
| | Business Name Address | | Describe the nature of the business | Employer Identifi | cation number ocial Security number or ITIN. |
| | | ber, Street, City, State and ZIP Code) | Name of accountant or bookkeeper | Dates business e | • |
| 28. | | in 2 years before you filed for bankrup tutions, creditors, or other parties. | tcy, did you give a financial statement to | o anyone about your b | usiness? Include all financial |
| | | No | | | |
| | | Yes. Fill in the details below. | | | |
| | Nan Add | ne Iress | Date Issued | | |
| | (Num | ber, Street, City, State and ZIP Code) | | | |
| Par | t 12: | Sign Below | | | |
| are t | true a a bai | nd correct. I understand that making a | nancial Affairs and any attachments, and false statement, concealing property, c \$250,000, or imprisonment for up to 20 | or obtaining money or | |
| | | na D Kolchinsky | | | |
| | | D Kolchinsky e of Debtor 1 | Signature of Debtor 2 | | |
| Dat | e A | pril 27, 2017 | Date | | |
| Did ■ N | lo | ttach additional pages to Your Stateme | ent of Financial Affairs for Individuals F | iling for Bankruptcy (C | official Form 107)? |
| Did ■ N | | ay or agree to pay someone who is no | t an attorney to help you fill out bankru | ptcy forms? | |
| ПΥ | es. N | | uptcy Petition Preparer's Notice, Declaratio | - | al Form 119). |
| Offic | ial Forr | m 107 Statem | ent of Financial Affairs for Individuals Filing | tor Bankruptcy | page 6 |

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Best Case Bankruptcy

| Fill in this information to identify your case: | | | | | | |
|---|---|--|--|--|--|--|
| Debtor 1 | Marina D Kolchinsky | | | | | |
| Debtor 2 (Spouse, if filing) | | | | | | |
| United States B | Bankruptcy Court for the: Eastern District of Wisconsin | | | | | |
| Case number (if known) | 17-22823 | | | | | |

| Check | Check as directed in lines 17 and 21: | | | | | | |
|-------|---|--|--|--|--|--|--|
| | According to the calculations required by this Statement: | | | | | | |
| - | 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3). | | | | | | |
| | Disposable income is determined under 11 U.S.C. § 1325(b)(3). | | | | | | |
| | 3. The commitment period is 3 years. | | | | | | |
| | 4. The commitment period is 5 years. | | | | | | |

 \square Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

| | | , | | | | | | |
|----------|--|---------------------------------|-----------------------|---|------------------------------|--------------------------|---|--------------------------------|
| Par | 11: Calculate Your Average Monthly Income | | | | | | | |
| 1. | What is your marital and filing status? Check one of | nly. | | | | | | |
| | ■ Not married. Fill out Column A, lines 2-11. | | | | | | | |
| | ☐ Married. Fill out both Columns A and B, lines 2-11. | | | | | | | |
| 10 th | ill in the average monthly income that you received from al 01(10A). For example, if you are filing on September 15, the 6-re 6 months, add the income for all 6 months and divide the total bouses own the same rental property, put the income from that | month peri al by 6. Fill | od would in the re | l be March 1 throu sult. Do not includ | gh August 31 e any income | . If the ame amount m | ount of your monthly incom nore than once. For examp | e varied during le, if both |
| | | | | | Column A Debtor 1 | | Column B Debtor 2 or non-filing spouse | |
| 2. | Your gross wages, salary, tips, bonuses, overtime payroll deductions). | , and cor | mmissi | ons (before all | \$ | 0.00 | \$ | |
| 3. | Alimony and maintenance payments. Do not include Column B is filled in. | e paymer | nts from | a spouse if | \$ | 0.00 | \$ | |
| 4. | All amounts from any source which are regularly p of you or your dependents, including child suppor from an unmarried partner, members of your househol and roommates. Include regular contributions from a s filled in. Do not include payments you listed on line 3. | t. Include ld, your d | e regula: lepende | r contributions nts, parents, | \$ | 0.00 | \$ | |
| 5. | Net income from operating a business, profession, or farm | Debtor | 1 | | | | | |
| | Gross receipts (before all deductions) | \$ | 0.00 | | | | | |
| | Ordinary and necessary operating expenses | -\$ | 0.00 | | | | | |
| | Net monthly income from a business, profession, or fa | rm \$ | 0.00 | Copy here -> | \$ | 0.00 | \$ | |
| 6. | Net income from rental and other real property | Debtor | | | | | | |
| | Gross receipts (before all deductions) | \$ | 0.00 | | | | | |
| | Ordinary and necessary operating expenses | - \$ | 0.00 | | _ | | _ | |
| | Net monthly income from rental or other real property | \$ | 0.00 | Copy here -> | \$ | 0.00 | \$ | |

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

Total \$ 0.00 Copy here=> - 0.00

14. Your current monthly income. Subtract line 13 from line 12.

15. Calculate your current monthly income for the year. Follow these steps:

15a. Copy line 14 here=> \$ 2,000.00

Multiply line 15a by 12 (the number of months in a year).

15b. The result is your current monthly income for the year for this part of the form.

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

24,000.00

Page 32 of 39

| Debto | or 1 | Mar | ina D Kolchinsky | | Case number (if known) | 17-22823 | |
|-------|--------------|----------------|---|--------------------------|--------------------------------------|-------------------|--------------------|
| 16. | Calc | culate | the median family income that applies to | you. Follow these ste | ps: | | |
| | 16a. | Fill i | n the state in which you live. | WI | | | |
| | 16b. | Fill i | n the number of people in your household. | 7 | | | |
| 47 | | To fi | n the median family income for your state and nd a list of applicable median income amounts uctions for this form. This list may also be ava | s, go online using the | | | 113,333.00 |
| 17. | 17a. | | he lines compare? Line 15b is less than or equal to line 16c. 0 11 U.S.C. § 1325(b)(3). Go to Part 3. Do N Line 15b is more than line 16c. On the top | NOT fill out Calculatio | n of Your Disposable Income (Of | ficial Form 1220 | C-2). |
| | 170. | | 1325(b)(3). Go to Part 3 and fill out Calc i your current monthly income from line 14 a | ulation of Your Disp | | | |
| Part | 3: | Ca | lculate Your Commitment Period Under 11 | U.S.C. § 1325(b)(4) | | | |
| 18. | Сор | у уо | ur total average monthly income from line 1 | 11. | | \$ | 2,000.00 |
| 19. | cont spot | end t use's | ne marital adjustment if it applies. If you are hat calculating the commitment period under 1 income, copy the amount from line 13. | 11 U.S.C. § 1325(b)(4 | | | |
| | 19a. | If the | e marital adjustment does not apply, fill in 0 on | line 19a. | | -\$ | 0.00 |
| | 19b. | Sub | tract line 19a from line 18. | | | \$ | 2,000.00 |
| 20. | Calc | culate | your current monthly income for the year. | . Follow these steps: | | | |
| | 20a. | Сор | y line 19b | | | | 2,000.00 |
| | | Mult | iply by 12 (the number of months in a year). | | | Г | x 12 |
| | 20b. | The | result is your current monthly income for the y | ear for this part of the | e form | \$ | 24,000.00 |
| | 20c. | Сор | y the median family income for your state and | size of household fro | m line 16c | | 113,333.00 |
| | 21. | How | do the lines compare? | | | | |
| | | - | Line 20b is less than line 20c. Unless otherwiperiod is 3 years. Go to Part 4. | ise ordered by the co | urt, on the top of page 1 of this fo | rm, check box 3 | 3, The commitment |
| | | | Line 20b is more than or equal to line 20c. Ur commitment period is 5 years. Go to Part 4. | nless otherwise order | ed by the court, on the top of pag | je 1 of this form | , check box 4, The |

Part 4: Sign Below

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

X /s/ Marina D Kolchinsky

Marina D Kolchinsky

Signature of Debtor 1

Date April 27, 2017

MM / DD / YYYY

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period Official Form 122C-1

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

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Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

Best Case Bankruptcy

United States Bankruptcy Court Eastern District of Wisconsin

| In re | Marina D Kolchinsky | | Case No. | 17-22823 |
|-------|--|---|--|-------------------------------------|
| | | Debtor(s) | Chapter | 13 |
| | DISCLOSURE OF COMPE | NSATION OF ATTOR | NEY FOR DE | BTOR(S) |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2010 compensation paid to me within one year before the filible rendered on behalf of the debtor(s) in contemplation | ng of the petition in bankruptcy, o | or agreed to be paid | to me, for services rendered or to |
| | For legal services, I have agreed to accept | | \$ | 3,500.00 |
| | Prior to the filing of this statement I have received | | | 1,500.00 |
| | Balance Due | | | 2,000.00 |
| 2. | The source of the compensation paid to me was: | | | |
| | ■ Debtor □ Other (specify): | | | |
| 3. | The source of compensation to be paid to me is: | | | |
| | ■ Debtor □ Other (specify): | | | |
| 4. | ■ I have not agreed to share the above-disclosed com | pensation with any other person u | nless they are memb | pers and associates of my law firm. |
| | ☐ I have agreed to share the above-disclosed compensor copy of the agreement, together with a list of the national control of the same copy of the agreement, together with a list of the national copy of the agreement. | | | |
| 5. | In return for the above-disclosed fee, I have agreed to r | ender legal service for all aspects | of the bankruptcy c | ase, including: |
| | a. Analysis of the debtor's financial situation, and rend b. Preparation and filing of any petition, schedules, sta c. Representation of the debtor at the meeting of credit d. [Other provisions as needed] Negotiations with secured creditors to reaffirmation agreements and applications 522(f)(2)(A) for avoidance of liens on ho | tement of affairs and plan which it tors and confirmation hearing, and reduce to market value; exer ons as needed; preparation a | may be required; I any adjourned hear mption planning; | rings thereof; |
| 6. | By agreement with the debtor(s), the above-disclosed for Representation of the debtors in any diany other adversary proceeding. | | | es, relief from stay actions or |
| | | CERTIFICATION | | |
| | I certify that the foregoing is a complete statement of an pankruptcy proceeding. | ny agreement or arrangement for p | payment to me for re | epresentation of the debtor(s) in |
| 4 | April 27, 2017 | /s/ William H. Gree | en | |
| Date | | William H. Green 1 Signature of Attorney Summit Law Office | | |
| | | 1126 S. 70th Stree | | |
| | | Suite N400 Milwaukee, WI 532 | 01.4 | |
| | | 414-763-7266 Fax | | |
| | | willbky4545@gma | il.com | |
| | | wame at law tirm | | |

United States Bankruptcy Court Eastern District of Wisconsin

| In re | Marina D Kolchinsky | Case No. | 17-22823 | | | | | | |
|----------|--|---------------------------------------|---------------------|-----------------------|---|--|--|--|--|
| | - | Debtor(s) | Chapter | 13 | | | | | |
| | | ., | • | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | VERIFICATION OF CREDITOR MATRIX | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| The abo | ove-named Debtor hereby verifies that the at | tached list of creditors is true and | correct to the best | of his/her knowledge | 2 | | | | |
| 1110 000 | ove named Bestor hereby verifies that the at | tuelled list of elections is true and | correct to the best | of mis/fier knowledge | | | | | |

/s/ Marina D Kolchinsky

Marina D Kolchinsky Signature of Debtor

Date: April 27, 2017